

Program A: Medical Vendor Administration

Unless otherwise indicated, all objectives are to be accomplished during or by the end of FY 2003-2004. Objectives may be key or supporting level. The level of the objective appears after the objective number and before the objective text.

Performance indicators are made up of two parts: name and value. The indicator name describes what is being measured. The indicator value is the numeric value or level achieved within a given measurement period. For budgeting purposes, performance indicators are shown for the prior fiscal year, the current fiscal year, and alternative funding scenarios (continuation budget level and Executive Budget recommendation level) for the ensuing fiscal year of the budget document. Performance indicators may be key, supporting, or general performance information level. Key level is indicated by a "K" in the "Level" column of the standard performance indicator table. Supporting level is indicated by an "S" in the "Level" column of the standard performance indicator table. General Performance Information indicators appear in tables labeled as General Performance Information.

Proposed performance standards do not reflect the most recent budget adjustments implemented by the Division of Administration during development of the FY 2003-2004 Executive Budget. Rather, proposed performance standards indicate a "To be established" status since the agency had insufficient time to assess the full performance impacts of the final Executive Budget recommendation. As a result, during the 2003 Legislative Session, the agency will seek amendments to the General Appropriations Bill to identify proposed performance standards reflective of the funding level recommended in the Executive Budget.

DEPARTMENT ID: 09 - Department of Health and Hospitals
 AGENCY ID: 09-305 Medical Vendor Administration
 PROGRAM ID: Program A: Medical Vendor Administration

1. (Key) Through the Medicaid Management Information System, to operate an efficient Medicaid claims processing system by processing at least ___% of submitted claims within 30 days of receipt and editing ___% of nonexempt claims for Third Party Liability (TPL) and Medicare coverage.

Strategic Link: This objective implements Goal 1 Objective 1.2 of the revised Strategic Plan. *Through the Medicaid Management Information System activity, to operate an efficient Medicaid Claims Processing System by editing 100% of nonexempt claims for Third Party Liability (TPL) and Medicare coverage.* This Objective also implements Goal 1, Objective 1.1 of the revised Strategic Plan. *Through the Medicaid Management Information System, to operate an efficient Medicaid Claims Processing System by processing at least 98% of submitted claims within 30 days of receipt.*

Louisiana: Vision 2020 Link: Vision 2020 is directly linked to Medical Vendor Payments as follows: Goal Three: *To have a standard of living among the top ten states in America and safe, healthy communities where rich natural and cultural assets continue to make Louisiana a unique place to live, work, visit, and do business.* Objective 3-7: *To improve the quality of life of Louisiana's children.* Benchmark 3.7.1 relates to the LaCHIP program. In addition, Medical Vendor Payments is actively engaged in supporting Goal One, Objective 8 of Vision 2020: Goal One: *To be a Learning Enterprise in which all Louisiana businesses, institutions, and citizens are actively engaged in the pursuit of knowledge, and where that knowledge is deployed to improve the competitiveness of businesses, the efficiency of governmental institutions, and the quality of life of citizens.* Objective 8: *To improve the efficiency and accountability of governmental agencies.*

Children's Budget Link: Not Applicable

Other Link(s): Not Applicable

Explanatory Note: TPL refers to "Third Party Liability". The Bureau of Health Services Financing is required to identify all claims for which third party insurance exists and where applicable, make a reduced payment based on what the third party insurance pays. Certain Medicaid claims are exempt from the initial edit for TPL. In those instances the agency may pay the full amount allowed under the agency's payment schedule for the claim and then seek reimbursement from the liable third party. This process is known as "pay and chase". Exempt claims include those for labor and delivery, postpartum care, prenatal care, preventive pediatric services, and pharmacy services. As Medicaid claims are processed those that are exempt from TPL are identified. The remaining claims are referred to in the General Performance Information table as the "number of claims available for TPL processing."

LaPAS PI CODE	L E V E L	PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES					
			YEAREND PERFORMANCE STANDARD FY 2001-2002	ACTUAL YEAREND PERFORMANCE FY 2001-2002	PERFORMANCE STANDARD AS INITIALLY APPROPRIATED FY 2002-2003	EXISTING PERFORMANCE STANDARD FY 2002-2003	PERFORMANCE AT CONTINUATION BUDGET LEVEL FY 2003-2004	PERFORMANCE AT EXECUTIVE BUDGET LEVEL FY 2003-2004
2219	K	Percentage of total claims processed within 30 days ¹	98%	97.71%	98%	98%	98% ³	To be established
2217	S	Average processing time in days	9	8.4	9	9	9 ⁴	To be established
2215	K	Number of TPL claims processed	4,550,000	5,010,228	4,914,000	4,914,000	5,516,000 ⁵	To be established
7957	K	Percentage of TPL claims processed through edits ²	100%	100%	100%	100%	100% ⁶	To be established
7958	S	TPL trauma recovery amount	\$5,040,000	\$6,473,295	\$5,040,000	\$5,040,000	\$6,500,000 ⁷	To be established

¹ The "number of TPL claims processed" refers to the portion of these claims requiring processing for which third party insurance or Medicare coverage was actually available/applicable.

² The "percent of TPL claims processed through edits" is the percent of TPL claims processed for which the Bureau of Health Services Financing reduced payments, or avoided full Medicaid payment.

³ This is expected to remain the same.

⁴ This standard will remain the same.

⁵ This adjustment is based on a trend analysis, resulting in 10.1% increase.

⁶ Percentage of TPL claims processed through edits has consistently remained at 100%.

⁷ Medicaid payments are increasing and insurance carriers are paying more; in addition, more attorneys are aware of Medicaid's automatic lien and are notifying the Department of settlements and awards in a more timely manner.

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GENERAL PERFORMANCE INFORMATION:						
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		PRIOR YEAR ACTUAL FY 1997-98	PRIOR YEAR ACTUAL FY 1998-99	PRIOR YEAR ACTUAL FY 1999-00	PRIOR YEAR ACTUAL FY 2000-01	PRIOR YEAR ACTUAL FY 2001-02
12020	Total number of claims processed	37,702,094	38,659,305	39,914,974	49,102,841	36,084,456 ²
2219	Percentage of claims processed within 30 days	99.0%	98.2%	98.0%	98.9%	97.7%
12021	Number of claims available for TPL processing	23,459,482.00	23,699,339.00	24,323,895.00	24,275,567	27,491,090
2215	Number of TPL claims processed	4,307,087	4,507,518	4,435,934	4,786,065	5,010,228
12022	Percentage of TPL claims processed and cost avoided ¹	11.4%	11.7%	11.12%	9.7%	3.0%

¹ The "percent of TPL claims processed and cost avoided of the total number of claims processed" is the number of TPL claims processed divided by the total number of claims.

² The total number of claims processed is a number which the Bureau of Health Services Financing has no control; it represents all claims that are submitted by billing entities.

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2. (Key) Through the Medicaid Eligibility Determination activity, to provide Medicaid eligibility determinations and administer the program within federal regulations by processing ____% of applications timely.

Strategic Link: The Objective implements Goal II, Objective 11.1 of the revised Strategic Plan: *Through the Medicaid Eligibility Determination, activity, to provide Medicaid eligibility determination and administer the program within federal regulations by processing 99% of applications timely.*

Louisiana: Vision 2020 Link: Vision 2020 is directly linked to Medical Vendor Payments as follows: Goal Three: *To have a standard of living among the top ten states in America and safe, healthy communities where rich natural and cultural assets continue to make Louisiana a unique place to live, work, visit, and do business.* Objective 3-7: *To improve the quality of life of Louisiana's children.* Benchmark 3.7.1 relates to the LaCHIP program. In addition, Medical Vendor Payments is actively engaged in supporting Goal One, Objective 8 of Vision 2020: Goal One: *To be a Learning Enterprise in which all Louisiana businesses, institutions, and citizens are actively engaged in the pursuit of knowledge, and where that knowledge is deployed to improve the competitiveness of businesses, the efficiency of governmental institutions, and the quality of life of citizens.* Objective 8: *To improve the efficiency and accountability of governmental agencies.*

Children's Budget Link: Not Applicable

Other Link(s): **Blueprint for Health**: The DHH plan for improving health care in Louisiana, now known as the Blueprint for Health is linked to Medical Vendor Administration as follows: Goal III: *Expand Community CARE statewide and Goal V: Expand Medicaid and LaCHIP eligibility for families*

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2222	K	Percentage of applications processed timely	96.0%	99.3%	96.5%	96.5%	96.5%	To be established
2221	S	Number of applications processed timely	282,714	341,980	221,712	331,010	410,335 ¹	To be established

¹ DHH processed 307,599 applications in 00-01 and 342,643 in 01-02. DHH is projecting the same growth rate (11.4%) over the next two years due to the continuing decline in the economy, the increasing awareness of the availability of LaCHIP and other Medicaid programs, and the fact that the citizens of Louisiana have begun to disassociate Medicaid from Welfare.

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		PRIOR YEAR ACTUAL FY 1997-98	PRIOR YEAR ACTUAL FY 1998-99	PRIOR YEAR ACTUAL FY 1999-00	PRIOR YEAR ACTUAL FY 2000-01	PRIOR YEAR ACTUAL FY 2001-02
2222	Percentage of applications processed timely	99.1%	99.6%	99.73%	99.8%	99.3%
12024	Number of recipients eligible for program	757,040	775,787	771,380	819,440	909,912
12025	Average number of recipients per month	574,793	578,871	620,999	442,673	489,006
12026	Number of applications taken per year	215,292	239,037	287,594	302,814	342,643
12027	Number of application centers	534	534	675	667	430

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3. (Key) Through the Health Standards activity, to perform ___% of required state licensing and complaint surveys of healthcare facilities and federally mandated certification of healthcare providers participating in Medicare and/or Medicaid.

Strategic Link: This Objective implements Goal III, Objective III.1 of the revised Strategic Plan: *Through the Health Standard activity to perform 100% of required state licensing and complaint surveys of healthcare providers participating in Medicare and/or Medicaid.*

Louisiana: Vision 2020 Link: Vision 2020 is directly linked to Medical Vendor Payments as follows: Goal Three: *To have a standard of living among the top ten states in America and safe, healthy communities where rich natural and cultural assets continue to make Louisiana a unique place to live, work, visit, and do business.* Objective 3-7: *To improve the quality of life of Louisiana's children.* Benchmark 3.7.1 relates to the LaCHIP program. In addition, Medical Vendor Payments is actively engaged in supporting Goal One, Objective 8 of Vision 2020: Goal One: *To be a Learning Enterprise in which all Louisiana businesses, institutions, and citizens are actively engaged in the pursuit of knowledge, and where that knowledge is deployed to improve the competitiveness of businesses, the efficiency of governmental institutions, and the quality of life of citizens.* Objective 8: *To improve the efficiency and accountability of governmental agencies.*

Children's Budget Link: Not Applicable

Other Link(s): **Blueprint for Health:** The DHH plan for improving health care in Louisiana, now known as the BluePrint for Health is linked to Medical Vendor Administration as follows: Goal VIII: *Strengthen Accountability for Reimbursement*

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New	K	Percentage of complaint investigations conducted within 30 days after receipt by the Health Standards section of Medical Vendor Administration	Not applicable ¹	Not available ¹	Not applicable ²	100%	100%	To be established
New	K	Percentage of abuse complaint investigations conducted within two days after receipt by the Health Standards section of Medical Vendor Administration	Not applicable ¹	Not available ¹	Not applicable ²	100%	100%	To be established
New	K	Percentage of annual licensing surveys conducted	Not applicable ¹	Not available ¹	Not applicable ²	100%	100% ³	To be established

¹ These performance indicators did not appear in FY2001-2002, therefore there are no performance standards.

² These performance indicators did not appear in Act 13 therefore, there are no performance standards for 2002-2003.

³ Facilities included in this count are: hospitals, ambulatory surgical centers, home health agencies, hospice services, nursing homes, ICF/MR's, mental health centers, substance abuse facilities, facilities with separate licenses for narcotics and dangerous drugs, urine drug screen laboratories, emergency medical services, non-emergency medical services and rural health clinics.

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LaPAS PI CODE	PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES				
		PRIOR YEAR ACTUAL FY 1997-98	PRIOR YEAR ACTUAL FY 1998-99	PRIOR YEAR ACTUAL FY 1999-00	PRIOR YEAR ACTUAL FY 2000-01	PRIOR YEAR ACTUAL FY 2001-02
12031	Total number of facilities (unduplicated)	4,022	3,772	3,659	3,488 ¹	3,542
New	Number of annual licensing surveys conducted	Not available ²	Not available ²	Not available ²	Not available ²	Not available ²
12032	Number of certified facilities	2,536	2,333	2,240	2,243	2,247
12033	Number of licensed facilities	2,826	2,628	2,575	2,402	2,451
10009	Number of facilities out of compliance	318	516	482	511	608
10011	Number of facilities terminated	35	20	14	9	8
10012	Percentage of facilities out of compliance	Not available ²	Not available ²	13.0%	13.0%	19.3%
10010	Number of facilities sanctioned	Not available ²	Not available ²	Not available ²	237	230

¹ The reduction in the number of licensed facilities has resulted from the transfer of Utilization Review Agencies (164) from DHH to the Department of Insurance. However, this number is expected to increase during FY 2002 due to the initial licensing of End Stage Renal Disease facilities (130).

² This is a new performance indicator and prior year data was not captured.

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4. (Key) Through the LaCHIP Program, to achieve ___% or greater enrollment of children (birth through 18 years of age) living below 200% of the Federal Poverty Level (FPL) who are potentially eligible for services under Title XIX and Medicaid expansion under Title XXI of the Social Security Act.

Strategic Link: This Objective implements Goal IV, Objective IV.1 of the revised Strategic Plan: *To achieve 80% or greater enrollment of children (birth through 18 years of age) living below 200% of the Federal Poverty Level (FPL) who are potentially eligible for services under Title XIX and Medicaid expansion under Title XXI of the Social Security Act.*

Louisiana: Vision 2020 Link: Vision 2020 is directly linked to Medical Vendor Payments as follows: Goal Three: *To have a standard of living among the top ten states in America and safe, healthy communities where rich natural and cultural assets continue to make Louisiana a unique place to live, work, visit, and do business.* Objective 3-7: *To improve the quality of life of Louisiana's children.* Benchmark 3.7.1 relates to the LaCHIP program. In addition, Medical Vendor Payments is actively engaged in supporting Goal One, Objective 8 of Vision 2020: Goal One: *To be a Learning Enterprise in which all Louisiana businesses, institutions, and citizens are actively engaged in the pursuit of knowledge, and where that knowledge is deployed to improve the competitiveness of businesses, the efficiency of governmental institutions, and the quality of life of citizens.* Objective 8: *To improve the efficiency and accountability of governmental agencies.*

Children's Budget Link: In general child/adolescent services identified in this budget unit are indirectly linked to the Children's Cabinet via the Children's Budget. The Children's Budget reflects funding and expenditures for a broad range of Medicaid services for children under 21 years of age. The specific links to the recommended funding priorities for the Children's Cabinet for SFY 2001-2002 are as follows: Priority 1. LaCHIP Phase IV and Priority 2. Increase of SOBRA Pregnant Women to 200% FPL.

Other Link(s): Blueprint for Health: The DHH plan for improving health care in Louisiana, now known as the BluePrint for Health is linked to Medical Vendor Administration as follows: Goal V: *Expand Medicaid and LaCHIP eligibility for families. This objective is associated with Tobacco Settlement Funds through the Louisiana Fund.*

Explanatory Note: Title XIX of the Social Security Act is a program of national health assistance funded by the federal government and the states. The program covers low-income individuals and their families who are aged, blind or disabled, and members of families with dependent children. Title XXI allow states to expand coverage of Medicaid health assistance to children who live in families with incomes up to 200% of the federal poverty level (FPL).

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10013	K	Total number of children enrolled	518,770	534,063	579,655	588,483	546,368	To be established
2240	K	Percentage of children enrolled	84.0%	86.5%	93.5%	95.0%	88.0%	To be established
10016	K	Average cost per Title XXI enrolled per year	\$1,241	\$1,109	\$1,222	\$1,222	\$1,120 ³	To be established
10017	K	Average cost per Title XIX enrolled per year	\$1,398	\$1,793	\$1,810	\$1,810	\$1,829 ³	To be established
10014	S	Potential eligibles below 200% FPL ¹	617,525	617,525	617,525	617,525	619,401 ²	To be established
2241	S	Number of children enrolled as Title XXI	69,115	74,315	85,498	85,498	86,712	To be established
2242	S	Number of children enrolled as Title XIX	449,655	459,748	502,985	502,985	459,656	To be established
10015	S	Number of children remaining uninsured	98,755	83,462	114,540	29,042	73,033	To be established

¹ The baseline indicator of potential eligibles was re-calculated to reflect the most current census estimate in consultation with Dr. Kenneth Thorpe, Emory University. Dr. Thorpe calculated the original baseline. The remaining indicators were re-calculated using the forecasting assumptions that generated the number of potential eligibles.

² This figure is updated to reflect the latest available census data.

³ These figures were updated to account for the expected growth in health care costs.

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		PRIOR YEAR ACTUAL FY 1997-98	PRIOR YEAR ACTUAL FY 1998-99	PRIOR YEAR ACTUAL FY 1999-00	PRIOR YEAR ACTUAL FY 2000-01	PRIOR YEAR ACTUAL FY 2001-02
2241	Number of children enrolled as Title XXI	0	18,349	33,497	54,343	74,315
2242	Number of children enrolled as Title XIX	313,764	337,459	344,127	395,387	459,748
10013	Total number of children enrolled	313,764	355,808	377,624	449,730	534,063

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5. (Supporting) Through the Medicaid Management Information System activity to achieve ___% of the transitional goals identified for implementing the requirements of the Health Insurance Portability and Accountability Act (HIPAA).

Strategic Link: This Objective implements Goal 1, Objective 1.1 of the revised strategic plan: *Through the Medicaid Management Information System, to operate an efficient Medicaid Claims Processing System by processing at least 98% of submitted claims within 30 days of receipt.*

Louisiana: Vision 2020 Link: Vision 2020 is directly linked to Medical Vendor Payments as follows: Goal Three: *To have a standard of living among the top ten states in America and safe, healthy communities where rich natural and cultural assets continue to make Louisiana a unique place to live, work, visit, and do business.* Objective 3-7: *To improve the quality of life of Louisiana's children.* Benchmark 3.7.1 relates to the LaCHIP program. In addition, Medical Vendor Payments is actively engaged in supporting Goal One, Objective 8 of Vision 2020: Goal One: *To be a Learning Enterprise in which all Louisiana businesses, institutions, and citizens are actively engaged in the pursuit of knowledge, and where that knowledge is deployed to improve the competitiveness of businesses, the efficiency of governmental institutions, and the quality of life of citizens.* Objective 8: *To improve the efficiency and accountability of governmental agencies.*

Children's Budget Link: Not Applicable

Other Link(s): Not Applicable

Explanatory Note: The Health Insurance Portability and Accountability Act (HIPAA)/Electronic Data Exchange (EDI) Act was passed by Congress in 1996 and requires the development of standard transactions and code sets for the electronic exchange of administrative and financial health care transactions. The goal is to improve the effectiveness and the efficiency of the health care industry in general by simplifying the administration of the system. HIPAA requires the standardization of all transaction codes, diagnostic codes and procedure codes. It will include standards regarding privacy and security of medical information and national identification numbers for providers, insurance plans and users. The federal government is funding 90% of the cost.

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13378	S	Number of goals	10	9	10	10	10	To be established
13379	S	Percent of goals achieved	90%	88%	90%	90%	90%	To be established

Note: The HIPAA Project may add and delete goals as phases are completed while maintaining the target of ten goals during the fiscal year.

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6. (Supporting) Through the Program Operations activity to annually perform a minimum of __% of the planned monitoring visits to school systems/boards participating in the Medicaid School-Based Administrative Claiming Program.

Strategic Link: This Objective implements Goal 1, Objective 1.1 of the revised strategic plan: *Through the Program Operations activity to annually perform a minimum of 85% of the planned monitoring visits to school systems/boards participating in the Medicaid School-Based Administrative Claiming Program each year through 2006.* (New goal to be added as part of upcoming Strategic Plan revision).

Louisiana: Vision 2020 Link: Vision 2020 is directly linked to Medical Vendor Payments as follows: Goal Three: *To have a standard of living among the top ten states in America and safe, healthy communities where rich natural and cultural assets continue to make Louisiana a unique place to live, work, visit, and do business.* Objective 3-7: *To improve the quality of life of Louisiana's children.* Benchmark 3.7.1 relates to the LaCHIP program. In addition, Medical Vendor Payments is actively engaged in supporting Goal One, Objective 8 of Vision 2020: Goal One: *To be a Learning Enterprise in which all Louisiana businesses, institutions, and citizens are actively engaged in the pursuit of knowledge, and where that knowledge is deployed to improve the competitiveness of businesses, the efficiency of governmental institutions, and the quality of life of citizens.* Objective 8: *To improve the efficiency and accountability of governmental agencies.*

Children's Budget Link: Not Applicable

Other Link(s): Not Applicable

Explanatory Note: These Performance Indicators relate to the monitoring and evaluation of the participating School Boards. Information on services provided would be included in the Operational Plan of the Department of Education.

LaPAS PI CODE	L E V E L	PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES					
			YEAREND PERFORMANCE STANDARD FY 2001-2002	ACTUAL YEAREND PERFORMANCE FY 2001-2002	PERFORMANCE STANDARD AS INITIALLY APPROPRIATED FY 2002-2003	EXISTING PERFORMANCE STANDARD FY 2002-2003	PERFORMANCE AT CONTINUATION BUDGET LEVEL FY 2003-2004	PERFORMANCE AT EXECUTIVE BUDGET LEVEL FY 2003-2004
13375	S	Number of School Boards targeted for monitoring	9	0 ¹	48	48	48 ²	To be established
13376	S	Percent of targeted School Boards monitored	85%	0 ¹	85%	85%	85%	To be established

¹ Final federal approval to implement this new initiative was granted by the Centers for Medicare and Medicaid in June 2002. This delayed implementation until the last quarter of the year. The retrospective monitoring is completed as part of a post payment review. No requests for reimbursement had been submitted by the end of the year, therefore there were no paid claims to review or monitor.

² Based on the monitoring of four school boards a month.

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		PRIOR YEAR ACTUAL FY 1997-98	PRIOR YEAR ACTUAL FY 1998-99	PRIOR YEAR ACTUAL FY 1999-00	PRIOR YEAR ACTUAL FY 2000-01	PRIOR YEAR ACTUAL FY 2001-02
New	Number of claims adjusted as a result of monitoring activities	Not applicable ¹	Not applicable ¹	Not applicable ¹	Not applicable ¹	0 ²
New	Amount identified as over claimed as a result of monitoring	Not applicable ¹	Not applicable ¹	Not applicable ¹	Not applicable ¹	0 ²

¹ This is a new indicator. It did not exist during this time frame.² No claims were available for monitoring or review prior to the end of the fiscal year.